PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number				
ľ	PATENT		ON FEE (ION RECO	טאי	ı	10/	706	243	
		CLAIMS A	S FILED			ymn 2)		_	ENTITY	OR	OTHE	R THAN ENTITY
T	OTAL CLAIMS	5						RATE	FEE	7	RATE	FEE
F	OR		NUMBE	FILED .	NUM	BER EXTRA		BASIC FI	SE 385.0	OR	BASIC FEE	770.00
70	OTAL CHARGE	ABLE CLAIMS	/ m	inus 20=	•	·		XS 9=		OR	X\$18=	
in	DEPENDENT C	LAIMS		ninus 3 e	•		Ī	X43≠	1	OR	X86=	
MI	JLTIPLE DEPE	NDENT CLAIM F	PRESENT				1	+145=		-	+290=	-
•	• If the difference in column 1 is less than zero, enter "O" in column 2							TOTAL	-	OR	TOTAL	<u> </u>
								ייייי		_J UA	OTHER	THAN
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					(Column 3)		SMALL	ENTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 7	Minus	- 2	0	. /		X\$ 9=		OR	X\$18=	
AME	Independent	. 2	Minus (3		=	Γ	X43=		OR	X86=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		T	+145=		OR	+290=	
							L	YOYAL			TOTAL ADDIT, FEE	
		(Column 1)		(Calum	ເກ 2)	(Column 3)	AL)()11. FEE	·		ALAUII. PEEI	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PAESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 21	Minus	- 2)	- /		X\$ 9=	9.°	OR	X\$18*	
AME	Independent	NTATION OF MI	Minus	3	CI AIRA	- 4	Γ	X43-	43.00	OR	X86-	
	ringi Priese	MINION OF MA	KIIFEE OCI	·	CONIN		Γ.	+145=		OR	+290=	
	10	$27_\Lambda F$	_		• •		<u>_</u>	TOTAL DIT. FEE		OR	YOYAL NOOIT, FEE	
	100	(Column 1)	, <u> </u>	(Colum	n 2)	(Cotumn 3)	•					
ENT C	•	CLAIMS REMAINING AFTER AMENDMENT	,	HIGHE NUMBI PREVIOL PAID F	er Isly	PRESENT EXTRA	T	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FFF
Š	Total .	.21	Minus	-/21	0	. —	 	X\$ 9=		OR	X\$18=	
AMENDM	Independent	.2/	Minus	-4		•	-	X43=		. 1	X86-	
٦	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									QR		
	the enter in suit-	un 1 le lare than th	d angry in make	ma 2 mete 7	n' in an	ma 3	Ŀ	145=		OR	+290=	
If the entry in column 1 is less than the entry in column 2, write "U" in column 3. If the Prighest Number Previously Paid For IN THIS SPACE is less than 20, enter "20. If the "Prighest Number Previously Paid For IN THIS SPACE is less than 3, enter "2. The "Righest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-075 (Rev. 10/03)

Patent and Trademath Office, U.S. DEPARTMENT OF COMMERCE

PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number			
		CLAIMS AS (Colu	FILED - I	PART I (Colu		SMALL E	NTITY	OR.	OTHER THAN SMALL ENTITY			
FOR NUMBER FILED NUMBER					R EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.18(a))							s	OR		s		
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 =						x \$ <u>`</u> =		OR	.x \$=			
INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 =						x \$ =		OR	x \$=			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))							+\$ =		OR	+5 =		
If the difference in column 1 is less than zero, enter "0" in column 2.						. "	TOTAL		OR	TOTAL		
• If th	e dillerence in a	olumn 1 is less ina	n zero, ente	r v in column 2		IOIAL	L	j OK	TOTAL .			
	. Cl	CLAIMS AS AMENDED - PART II						•		OTHER	RTHAN	
		(Column 1) (Column 2)					SMALL I	NTITY	OR	SMALL		
NT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
M	Total (37 CFR 1,16(c))	21	Minus	2/			x \$=		OR	× \$=		
AMENDMENT	independent (37 CFR 1,16(b))	. 3	Minus	4	= /		× \$/00 =	100,00	OR	x \$=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16)						+\$=		OR	+ \$=		
						•	TOTAL ADD'L FEE	100,60	OR	TOTAL ADD'L FEE		
١	(Column 1) (Column 2) (Column 3)								_		······································	
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATĖ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NE.	Total (37 CFR 1.16(c))	•	Minus	**	e		x s=		OR	x s=		
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	440	=		x s=		OR	x s=	٠	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+s=	•	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
'		(Column 1)		(Column 2)	(Column 3)				_			
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
M	Total (37 CFR 1.16(cl)	•	Minus	••	=		x s=		OR	x \$=		
AMENDMEN	Independent (37 CFR 1.16(b))	•	Minus	***	. =		x s=		OR	x \$=		
\ <u>\{\}</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ s=		
							TOTAL ADD'L FEE		OR ·	TOTAL ADD'L FEE		
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Not the redependent) is the highest number (ound in the appropriate box in column 1. 												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.